

CALIFORNIA CHILD CUSTODY PROJECT

Sponsored by the Statewide Office of Family Court Services
Administrative Office of the Courts, Judicial Council of California

MEDIATION CLIENT PROFILE

To give us a better picture of the clients who use mediation, please answer the questions on this form. All of your answers are important to us, but if you do not want to answer a question, just skip it and go on to the next.

Most questions can be answered by entering a check in the box next to the answer you choose. A few questions ask you to write in a date or a number. When you are through, please give the form to your counselor. Thank you for answering these questions.

(8) 1. How many children under 18 do you have with the other parent who is involved in this mediation? ____

(9) 2. Your relationship to these child(ren): ☐ ^[1] Mother ☐ ^[2] Father ☐ ^[3] Other: *(Please describe.)*

3. Which best describes your current living situation?

(10) ☐ ^[1] Never lived in the same household with the other parent

(11) ☐ ^[1] Living in a different household from the other parent



(12-17) Different household since: ____/____
Month Year

(18) ☐ ^[1] Living in the same household with the other parent

4. Who are the adults in your household? *(Please check all that apply.)*

(19) ☐ ^[1] No other adults

(20) ☐ ^[1] The other parent involved in mediation

(21) ☐ ^[1] New spouse or partner

(22) ☐ ^[1] Other adult family member(s)

(23) ☐ ^[1] Other adult(s)

5. What is your legal relationship to the other parent?

(24) ☐ ^[1] Never married to each other

☐ ^[2] Divorced from each other

☐ ^[4] Still legally married to each other

6. How often have you talked to the other parent in the last four weeks?

- (25) ^[0] ☐ Every day
^[1] ☐ A few times each week
^[2] ☐ About once a week
^[3] ☐ At least once in the last four weeks
^[4] ☐ NO CONTACT IN THE LAST FOUR WEEKS

7. How much do you agree or disagree with the following statements about the way things are working out for your family these days?

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
(26)	• The other parent supports my relationship with our child(ren).	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(27)	• We basically agree about our child(ren)'s needs.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(28)	• I am not as close to my child(ren) as I used to be.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(29)	• I can count on the other parent.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(30)	• The other parent tries to upset me.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(31)	• These days I feel angry toward the other parent.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(32)	• The other parent tries to turn our child(ren) against me.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(33)	• Our child(ren) are caught in the middle of our disagreements.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(34)	• It is impossible for us to work together as parents.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(35)	• I worry about our child(ren) when they are with the other parent.	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(36)	• I can talk to the other parent about our child(ren).	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>
(37)	• Our current time arrangements are good for our child(ren).	^[1] <input type="checkbox"/>	^[2] <input type="checkbox"/>	^[3] <input type="checkbox"/>	^[4] <input type="checkbox"/>

8. Check the boxes that best describe **each child's time arrangements**. (Starting with the oldest child that you have with the other parent, please give an answer for each child under 18 years of age.)

	OLDEST CHILD	SECOND CHILD	THIRD CHILD	FOURTH CHILD
a. Birthdate:➔	____/____/____ (38-45) Mo Day Year	____/____/____ (53-60) Mo Day Year	____/____/____ (68-75) Mo Day Year	____/____/____ (83-90) Mo Day Year
b. Sex:➔	^[2] <input type="checkbox"/> Male (46) ^[1] <input type="checkbox"/> Female	^[2] <input type="checkbox"/> Male (61) ^[1] <input type="checkbox"/> Female	^[2] <input type="checkbox"/> Male (76) ^[1] <input type="checkbox"/> Female	^[2] <input type="checkbox"/> Male (91) ^[1] <input type="checkbox"/> Female
c. Right now, whom does your child live with?➔	^[1] <input type="checkbox"/> Mostly with mom ^[2] <input type="checkbox"/> Mostly with dad ^[3] <input type="checkbox"/> Part of the time with each parent (47)	^[1] <input type="checkbox"/> Mostly with mom ^[2] <input type="checkbox"/> Mostly with dad ^[3] <input type="checkbox"/> Part of the time with each parent (62)	^[1] <input type="checkbox"/> Mostly with mom ^[2] <input type="checkbox"/> Mostly with dad ^[3] <input type="checkbox"/> Part of the time with each parent (77)	^[1] <input type="checkbox"/> Mostly with mom ^[2] <input type="checkbox"/> Mostly with dad ^[3] <input type="checkbox"/> Part of the time with each parent (92)
d. In the last 4 weeks (28 days), how many nights did your child stay over-night with you?➔	____ (48-49) Nights	____ (63-64) Nights	____ (78-79) Nights	____ (93-94) Nights
e. In the last 4 weeks (28 days), how many days did your child spend some time with you?➔	____ (50-51) Days	____ (65-66) Days	____ (80-81) Days	____ (95-96) Days
f. In the last 4 weeks, did your child spend more time than usual with you, less time than usual, or about the same amount of time as usual?➔	^[1] <input type="checkbox"/> More ^[2] <input type="checkbox"/> Less ^[3] <input type="checkbox"/> Same (52)	^[1] <input type="checkbox"/> More ^[2] <input type="checkbox"/> Less ^[3] <input type="checkbox"/> Same (67)	^[1] <input type="checkbox"/> More ^[2] <input type="checkbox"/> Less ^[3] <input type="checkbox"/> Same (82)	^[1] <input type="checkbox"/> More ^[2] <input type="checkbox"/> Less ^[3] <input type="checkbox"/> Same (97)

9. How satisfied or dissatisfied do you feel about the current time arrangements for your child(ren)? (Please circle the number that shows how you feel.)

(98-99)

Completely Satisfied		Completely Dissatisfied
10	9 8 7 6 5 4 3 2 1	

10. Please check other family issues that should be covered in mediation:

- (100) ☐ Problems with new partners
(101) ☐ Harassment of one parent by another
(102) ☐ Domestic violence
(103) ☐ Substance abuse
(104) ☐ One parent does not show up for visits
(105) ☐ One parent refuses to let the other visit
(106) ☐ One or both parents do not abide by previous court orders
(107) ☐ Child neglect
(108) ☐ Parental abduction of a child
(109) ☐ Child abuse-physical
(110) ☐ Child abuse-sexual
(111) ☐ Other: *(Please specify.)*

11. Has there been physical violence in your relationship with the other parent?

- (112) ☐ No → *Go to # 12*
☐ Yes



11a. When was the last time that it happened?

- (113) ☐ During the last 6 months
☐ 6 months to one year ago
☐ More than a year ago

11b. Have your children ever seen violence between you and the other parent?

- (114) ☐ Yes
☐ No

12. Is a domestic violence restraining order in effect that prevents one parent from coming near the other?

- (115) ☐ Application in progress → → → → *If you are currently being protected
by a restraining order because of
domestic violence, you have the right
to be seen in mediation separately
upon request.*
☐ Yes - there is a restraining order now → → → →
☐ No - but there has been a restraining order in the past
☐ No - there has never been a restraining order

13. Has Child Protective Services (CPS) ever investigated a report about your children?

- (116) ☐ No
☐ Yes
☐ Don't know

CONFIDENTIAL BACKGROUND INFORMATION

(117-124) 14. Your birthdate: / /
Month Day Year

15. You were born in:

(125) ^[1] ☐ U.S.A.
^[7] ☐ Other → Country: _____

16. What is your ethnic background? *(Please check all that apply.)*

(126) ^[1] ☐ American Indian, Eskimo, or Aleut
(127) ^[1] ☐ Asian or Pacific Islander
(128) ^[1] ☐ Black
(129) ^[1] ☐ Hispanic
(130) ^[1] ☐ White
(131) ^[1] ☐ Other: *(Please specify.)* _____

17. Please circle the years of education and training that you have completed.

(132-133) Grades: 1 2 3 4 5 6 7 8 9 10 11 12 High School Equivalent ^[97]
(134) Trade School: 0 1 2 3 4 or more
(135) College: 0 1 2 3 4 or more
(136) Postgraduate: 0 1 2 3 4 or more
(137) Other: *(Please specify.)*

18. Do you personally have an attorney representing you now?

(138) ^[1] ☐ Yes
^[0] ☐ No

19. Does the other parent have an attorney?

(139) ^[1] ☐ Yes
^[0] ☐ No
^[9] ☐ Don't know

20. How far is your home from the other parent's?

Usual travel time ONE WAY:

- (140) ☐ [1] Less than 15 minutes
☐ [2] 15 - 30 minutes
☐ [3] 31 - 60 minutes
☐ [4] One - two hours
☐ [5] More than two hours
☐ [8] Both parents live in the same household
☐ [9] Don't know

21. Do you have plans to move in the near future?

- (141) ☐ [0] No
☐ [1] Yes ➔ 7a. When you move, how far will your home be from the other parent's?

Usual travel time ONE WAY:

- (142) ☐ [1] Less than 15 minutes
☐ [2] 15 - 30 minutes
☐ [3] 31 - 60 minutes
☐ [4] One - two hours
☐ [5] More than two hours
☐ [9] I don't know

22. Are you employed right now?

- (143) ☐ [1] Yes
☐ [0] No ➔ 22a. What best describes your situation? *(Please check all that apply.)*

- (144) ☐ [1] A full-time homemaker
(145) ☐ [1] Going to school
(146) ☐ [1] Unable to work
(147) ☐ [1] Retired
(148) ☐ [1] Looking for a job
(149) ☐ [1] Other: *(Please specify.)*

23. Check any of the following that you have received in the last month.

- (150) ☐ [1] AFDC (Aid to Families with Dependent Children)
(151) ☐ [1] Disability
(152) ☐ [1] SSI
(153) ☐ [1] Social Security
(154) ☐ [1] Spousal support from a previous partner
(155) ☐ [1] Support from the other parent with you in court today
(156) ☐ [1] Unemployment benefits
(157) ☐ [1] Welfare/General assistance
(158) ☐ [1] Other: *(Please specify.)*

24. Not including AFDC, Welfare, SSI, or any child support you received, what is your personal current MONTHLY income after taxes from all other sources (such as your job, unemployment benefits, social security, disability, spousal support from a different marriage)?

- | | | |
|-----------------------------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> [00] None | <input type="checkbox"/> [08] \$1100-\$1199 | <input type="checkbox"/> [16] \$1900-\$1999 |
| <input type="checkbox"/> [01] Below \$500 | <input type="checkbox"/> [09] \$1200-\$1299 | <input type="checkbox"/> [17] \$2000-\$2499 |
| <input type="checkbox"/> [02] \$500-\$599 | <input type="checkbox"/> [10] \$1300-\$1399 | <input type="checkbox"/> [18] \$2500-\$2999 |
| <input type="checkbox"/> [03] \$600-\$699 | <input type="checkbox"/> [11] \$1400-\$1499 | <input type="checkbox"/> [19] \$3000-\$3499 |
| (159-160) <input type="checkbox"/> [04] \$700-\$799 | <input type="checkbox"/> [12] \$1500-\$1599 | <input type="checkbox"/> [20] \$3500-\$3999 |
| <input type="checkbox"/> [05] \$800-\$899 | <input type="checkbox"/> [13] \$1600-\$1699 | <input type="checkbox"/> [21] \$4000-\$4499 |
| <input type="checkbox"/> [06] \$900-\$999 | <input type="checkbox"/> [14] \$1700-\$1799 | <input type="checkbox"/> [22] \$4500-\$4999 |
| <input type="checkbox"/> [07] \$1000-\$1099 | <input type="checkbox"/> [15] \$1800-\$1899 | <input type="checkbox"/> [23] \$5000 or over |

*This information will not
be used to determine
child support.*

25. What do you hope to get out of the session today?

(161)

**Thank you for answering these questions.
Please give this form to the counselor when you enter the meeting room.**